

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/585,965</b>	FILING DATE <b>7-13-06</b>
							APPLICANT(S)	
<b>10.16.06</b>							<b>CLAIMS</b>	
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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2	1							
3		1						
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5		3						
6		3						
7		1						
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TOTAL DEP.	17	←	15	←		←		
TOTAL CLAIMS	19		18					
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TOTAL DEP.		←		←		←		
TOTAL CLAIMS								